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CONFIRMATION NO. 1725

<b>SERIAL NUMBER</b> 10/735,603	<b>FILING OR 371(c) DATE</b> 12/12/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3774	<b>ATTORNEY DOCKET NO.</b> ZIMM1720	
<b>APPLICANTS</b> Karl Belliard, Bordeaux, FRANCE; Regis Le Couedic, Andresy, FRANCE; Jacques Senegas, Merignac, FRANCE; Paolo Mangione, Pessac, FRANCE;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b> FRANCE 03 09596 08/04/2003					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/24/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 44654					
<b>TITLE</b> INTERVERTEBRAL DISK PROSTHESIS					
<b>FILING FEE RECEIVED</b> 538	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		